

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application Transmittal

Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the Patent Application of:

Inventor: CARY LEE BATES; PAUL REUBEN DAY; AND JOHN MATTHEW

SANTOSUOSSO

METHOD, APPARATUS, AND ARTICLE OF MANUFACTURE FOR PROVIDING

ENHANCED BOOKMARKING FEATURES FOR A HETEROGENEOUS

ENVIRONMENT

Enclosed are:

 For:

 \times 19 sheets of specification and 1 abstract

X 4 sheets of drawings

A Declaration and Power of Attorney

An Information Disclosure Statement and form PTO-1449

A certified copy of a ____ application

An assignment of the invention to International Business Machines Corporation, Armonk, New York 10504 and Recordation form PTO-1595

The filing fee has been calculated as follows:

Other Than Small Entity

PATEN

Rate	Fee	
	\$ 690.00	
x \$18.00=	\$396.00	
x \$78.00=	\$0.00	
\$260.00	\$ 0.00	
TOTAL	\$1086.00	

For:	No. Filed	No. Extra
Basic Fee		
Total Claims	42 -20 =	22
Indep. Claims	3 -3=	0
Multiple Dependent Claim Presented		

EXPRESS MAIL CERTIFICATE

Express Mail Label No.:

EL635441883US

Date:

MAY 31, 2000

I hereby certify that I am depositing the enclosed or attached paper with the U.S. Postal Service "Express Mail Post Office to Addressee" service on the above date, addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Gero G. McClellan

Patent Application Transmittal
Attorney Docket No.: ROC920000071

copy of this sheet is enclosed.	
X Any additional filing fees	required under 37 C.F.R. §1.16.
χ Any patent application pro	ocessing fees under 37 C.F.R. §1.17.
	Respectfully submitted,
Date: 5-31-00	By Sheldell
	Gero G. McClellan
	Registration No.: 44,227
IBM Corporation Intellectual Property Law, Dept. 917 3605 Highway 52 North Rochester, MN 55901-7829 (507) 253-4660 voice (507) 253-2382 fax	
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Please charge Deposit Account No. 09-0465 in the amount of \$1086.00. A duplicate copy of

The Commissioner is hereby authorized to charge payment of the following fees associated

with this communication or credit any overpayment to Deposit Account 09-0465. A duplicate

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this sheet is enclosed.